



Volunteer Application

Contact Information:

Name: _____

Address: _____

Cell Phone: _____ Text Reminders :Yes No

Email: _____

DOB: _____

School/Club: _____

Employer: _____

Years at this job: _____ Title: _____

Questionnaire:

What hours/days of the week are you available to volunteer: (check all that apply)

- | | | |
|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday | <input type="checkbox"/> Evenings only |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday | |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday | |
| <input type="checkbox"/> Thursday | | |

Do you have experience working with the Down syndrome community? Please describe.

Why are you interested in volunteering with DSPNT?

Please list the organizations that you have volunteered with a contact name and email or phone number for that person.

Do you have any special skills or talents? We are always looking for volunteers to help us lead our programs!

How did you hear about DSPNT?

Please list three references (one personal and two professional):

Name

Contact Number/Email:

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The Down Syndrome Partnership of North Texas takes the health and safety of the families we serve very seriously. All individuals volunteering must agree to and pass a criminal background check and will adhere to all of our agency volunteer policies and procedures. The Down Syndrome Partnership of North Texas reserves the right to terminate the volunteer/agency relationship at any time without cause.